

City Of Hartford BIRTH RECORD APPLICATION

City of Hartford – Bureau of Vital Records, 550 Main Street, Room 103, Hartford, CT 06103 – Tel. 860 757-9690

BIRTH RECORD	SUBJECT'S FIRST NAME			SUBJECT'S MIDDLE NAME	SUBJECT'S LAST NAME (MAIDEN NAME)
	BIRTH MONTH	BIRTH DAY	BIRTH YEAR	PLACE OF BIRTH (CITY / TOWN)	NAME OF HOSPITAL
	MOTHER'S FIRST NAME			MOTHER'S MIDDLE NAME	MOTHER'S MAIDEN NAME
	FATHER'S FIRST NAME			FATHER'S MIDDLE NAME	FATHER'S LAST NAME

Please Indicate The Size Of Birth Record:

☐ \$10.00 LONG FORM (FULL SIZE) ☐ \$2.00 LARGE PLASTIC COVER

☐ \$5.00 WALLET CERTIFICATION ☐ \$0.50 SMALL PLASTIC COVER

I AM THE:

- | | |
|---|--|
| <input type="checkbox"/> Subject
<input type="checkbox"/> Grandparent Of The Subject
<small>(Must Present Child's Birth Record)</small>
<input type="checkbox"/> Child Of The Subject
<small>(Must Present Own Birth Record)</small>
<input type="checkbox"/> An Attorney (Must Present Legal Documentation) | <input type="checkbox"/> Parent Of The Subject
<input type="checkbox"/> Spouse Of The Subject
<small>(Must Present Certified Marriage Certificate)</small>
<input type="checkbox"/> Grandchild Of The Subject
<small>(Must Present Own Birth Record & Parent Birth Record)</small>
<input type="checkbox"/> Legal Custodian, Guardian Or Conservator (Must Present Legal Documents) |
|---|--|

REQUIREMENTS

Photo Identification (Driver's License, Non-Driver Motor Vehicle ID, Passport, Etc.)

If Photo ID Unavailable Then Include Original Or Photo Copies Of Any **Two (2)** Of The Following:

- Social Security Card
- Auto Registration
- Voter Registration Card
- Written Verification Of Id From Employer
- Copy Of Utility Bill Showing Name And Address
- Checking Account Deposit Slip Stating Name And Address

Please note: All of the above requirements are mandated by State Statutes

***** MUST BE COMPLETED BY APPLICANT *****

PERSON MAKING REQUEST	REQUESTER'S FIRST NAME	REQUESTER'S MIDDLE NAME	REQUESTER'S LAST NAME
	STREET ADDRESS		
	CITY	STATE	ZIP CODE

I DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE ABOVE STATEMENTS AND INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature _____

Today's Date _____